

WICOMICO COUNTY  
CIRCUIT COURT ADULT  
DRUG TREATMENT COURT

*PARTICIPANT  
HANDBOOK*



Effective 11-17-22

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# *Welcome*

*Welcome to the Wicomico County Circuit Court Adult Drug Treatment Court (DTC). This handbook is designed to answer your questions about DTC and to provide overall information about the DTC Program.*

*As a participant you will be expected to follow the instructions given to you by the DTC Judge and comply with both your treatment and case management plans.*

*This handbook will detail the minimum requirements from you while participating in the program. If you are reading this handbook it means that you have been referred to the program for consideration in participating or have been selected as a candidate for the program based on your history of drug and alcohol use and encounters with law enforcement.*

*We are confident that if you commit yourself fully to this program that it will help you learn how to make successful choices free of the influence of drugs or alcohol.*

## ***Mission:***

The Mission of the Wicomico County Circuit Court Adult Drug Treatment Court is to reduce substance abuse and related criminal activity while holding offenders accountable by providing comprehensive, court supervised treatment that improves the effectiveness of the criminal justice system, and thereby improving the quality of life for all citizens of the county.

## ***What is Drug Treatment Court?***

Drug Treatment Court (DTC) is a treatment-focused program that offers intensive rehabilitation services to criminal defendants whose crimes are driven by their addiction.

DTC is a 4-phase, 15-18 month program for adults who have either: violated their Circuit Court probation due to problems with drugs or alcohol or have an original case for sentencing in the Circuit Court. All participants must sign and submit the Participant Contract prior to admission into the program. (Appendix C)

This program is a team effort that involves the Circuit Court, State's Attorney's Office, Office of the Public Defender, Wicomico County Health Department, Wicomico County Department of Corrections, Division of Parole & Probation, and local law enforcement. By working together, they seek to provide a variety of programs and consistent supervision geared toward supporting and helping you obtain and maintain a drug-free lifestyle.

DTC involves MANDATORY AND FREQUENT court appearances, random drug testing, substance abuse treatment and counseling, and life skills development. The Court awards incentives for compliant behavior and imposes sanctions for negative behavior. All of the members of the DTC Team will assist you to be sure you understand what is expected of you.

### ***The DTC Team:***

The DTC team consists of the DTC Judge-in-Charge as well as the following individuals:

- ◆ Deputy Public Defender
- ◆ Assistant State's Attorney
- ◆ Treatment provider from the Health Department
- ◆ Drug Court Coordinator
- ◆ Community Supervision Agent (your assigned probation agent)
- ◆ Made For Excellence – Resource Manager
- ◆ Law Enforcement liaisons
- ◆ Wicomico County Detention Center Representative(s)

### ***DTC Hearings and Reviews:***

The DTC Judge will make decisions regarding your participation in the program with input from all of the team members. Prior to each DTC review hearing, the DTC team members meet to familiarize themselves with your progress so that they may discuss that progress with you during the court session. You are not present at this meeting but your attorney is present to represent your interests. These progress reports will contain urinalysis results, attendance, participation and cooperation with your treatment and Made for Excellence service plans, as well as employment or any other conditions or requirements that have been imposed.

You may be required to attend court hearings as often as once a week. The number of times you must appear will depend on the phase of the program you currently are in as well as how you are doing with the requirements of the program. Failure to appear will result in a warrant being issued for your arrest and detention in jail until you can appear before the court.

## ***Program Rules***

Attached to this handbook is the participant contract (Appendix C.) Your attorney will review the contract with you to make sure you understand all of the rules. To be able to participate you must sign and abide by everything in the contract. If you violate any condition of the contract or program phase requirements sanctions will be imposed.

*Sanctions may include, but are not limited to:*

- ◆ Warnings or admonishments from the bench
- ◆ Extension of program phases
- ◆ Increased frequency of court appearances
- ◆ Increased frequency of drug testing
- ◆ Curfew increase
- ◆ Community service
- ◆ Electronic monitoring with GPS
- ◆ Increased community supervision
  - Daily Sign In Log at DPP
- ◆ Escalating periods of jail confinement (including substance abuse treatment while confined)
- ◆ Phase Demotion
- ◆ Limitation or suspension of privileges
- ◆ Confinement (lock up) during Drug Court
- ◆ Keep and complete their calendar and return the calendar to court
- ◆ Termination from the program and imposition of sentence
- ◆ Written Essays for Court
- ◆ Geographical restrictions
- ◆ Journaling
- ◆ Home Visits
- ◆ Lengthen time in program
- ◆ Tour State Prison
- ◆ Observe other court proceedings
- ◆ Case called at the end of the Drug Court Docket

In addition to addressing negative behavior, the program will reward positive behavior with various incentives. If you follow the program rules as laid out in the participant contract and meet all requirements of the program phase structure you will eligible for these rewards.

*Incentives MAY include, but are not limited to:*

- ◆ Encouragement and praise from the bench
- ◆ Applause/ Special Recognition
- ◆ Ceremonies and tokens or
- ◆ Certificates of progress
- ◆ Reduced supervision
- ◆ Decreased frequency of court appearances
- ◆ Curfew extension
- ◆ Decreased community service
- ◆ Court: All Star List, early call (100% Club)
- ◆ Excused from Made for Excellence event
- ◆ Plaques
- ◆ Permission for out of county privileges
- ◆ Early termination from probation
- ◆ Acknowledgement of clean time
- ◆ In kind items, examples include:
  - T-Shirts, bookmarks, calendars, coffee cups, gift cards, tuition, care packages, passes for special events, bus passes, out of state travel, treats, calculators, transportation vouchers to court, treatment and probation, books, tickets to local theater and sports events, haircuts, make up sessions, compact discs, DVDs, key chains, family photo sessions, frames, discount coupons to local businesses and health clubs, clothing, educational training, water bottles, fishing trips.
- ◆ Graduation
  - A formal ceremony for the graduates to include: invited Community Leaders and participant family members. Graduates will receive on stage recognition including their own personal highlights achieved while in the DTC program.

### *“Made for Excellence”*

“Made for Excellence” is the case management component of DTC that will provide instructional services for the purpose of replacing drug use with healthy living and recovery skills and criminal activity with life skills, career training and education. Individual case plans will be developed based on your specific needs. Compliance with the case plan including attendance at any scheduled event or meetings with the resource manager is a requirement of phase movement and program graduation.

Each participant must complete 80 hours of non-sanction community service to graduate from the drug court program. To assist the participant, both the Resource Manager and the Community Service Coordinator will maintain a working list of various organizations and events that need volunteers. The participant will report on a monthly basis their hours

completed for the community service requirements. The hours that will count towards this community service can include participation in a community service projects developed by the DTC program. Hours ordered by the court as a sanction or in lieu of work will not count toward the total required for completion of the program.

### *Phases of DTC*

In order to move from each Phase, you must have:

- ◆ Completed all items within each Phase, and
- ◆ Met any requirements in your Individual Service Plan for Made for Excellence, and
- ◆ Completed the Application for Phase Promotion, and
- ◆ Receive approval from the DTC team.

\*Any participant who participates in and successfully completes a commitment pursuant to Health General Article §8-507 while active in the DTC program shall, upon return to the program, restart the phase in which they were active prior to serving that commitment, unless otherwise ordered by the Court.

### *In every DTC phase you must:*

- ◆ Participate in and maintain compliance with substance abuse treatment as directed by your treatment counselor and individualized treatment plan.
- ◆ Comply with your clinician's health care orders including taking all medications as directed.
- ◆ Comply with all probation requirements, including payment plan.
- ◆ Comply with any Electronic Monitoring Order issued by the Court including adherence to the Electronic Monitoring Contract through Community Corrections office at the Wicomico County Detention Center. All new participants will be placed on electronic monitoring at program admission for a minimum of thirty days.
- ◆ Complete a "Made for Excellence" individual service plan with MFE Resource Manager.



- ◆ Provide verification of work or community service hours to your D.P.P. agent (work) and/or the Community Service Coordinator (community service), by 12:00 p.m. (noon) the Monday prior to your next scheduled drug court review hearing or as requested by your D.P.P. agent. If government offices are closed on Monday, documentation must be submitted the next business day by 12:00 p.m. (noon).
- ◆ Comply with any curfew imposed by the DTC team
- ◆ Participants may not leave Wicomico County or extend curfew without prior approval from the DTC Team. The request must be made in writing and submitted to the DPP Agent or the RM, a minimum of 48 hours in advance of the date of the travel or curfew extension date. The request **MUST** include the participant's name, date request is being made, date(s), time(s) and location(s), of the travel or extension request and the reason for the request for travel or curfew extension. Participants must also verify that they are in compliance with all conditions of DTC including: Treatment, Made for Excellence, Work/Community Service, and Payments. **Unless express permission has been given to participant, the request has not been approved.** The DTC team will consider the request at the next scheduled DTC team meeting. The DPP Agent or RM will provide the outcome of the request at the next scheduled meeting with the participant. **\*Participants under VPI must obtain separate permission.**
- ◆ Provide signed attendance verification slips from your community support meetings to your treatment provider the Monday prior to each drug court review hearing to verify attendance.

## *Phase I- Minimum of 3 months*

### *Participant must:*

- ◆ Complete a physical examination and mental health assessment, including completion of diagnostic testing, treatment, education and follow up ordered by the clinician, with special attention to communicable diseases including Hepatitis, Tuberculosis, STDs and HIV. Review of the medical records of these visits and results must be made available to the DTC team by a signed release to all of your providers.
- ◆ Obtain housing with a landline telephone deemed suitable by the DTC team.
- ◆ Obtain employment or other meaningful daytime activity( which may include but is not limited to: GED or high school equivalency classes or college course instruction time) as approved by DTC team. Work a minimum of 25 hours per week. If not working 25 hours per week, participant must complete community service at an approved site to make up deficient work hours.
- ◆ Compliance with Judicial supervision; Attend all hearings as scheduled, minimum of twice per month
- ◆ Have 30 days **CONSECUTIVE** clean time immediately before moving into the next phase- as determined by UA results and self-reports.
- ◆ All participants will attend a participant orientation, which will be scheduled within two weeks of the participant's admittance into the drug court program.
- ◆ Report for and submit to a minimum of 2, up to 6, random urinalysis per week. Urinalysis locations include: the Wicomico County Department of Corrections, the Division Parole & Probation, your treatment provider or other facility approved by the DTC team.
- ◆ Complete and submit your phase promotion application to the Resource Manager 5 business days prior to projected phase promotion date. Appendix B

## *MFE Requirements for Program Phase Movement: Phase I → Phase II*

Participant will have completed the following:

- ☐ Orientation
    - Attend presentation for overview of participant handbook
    - Review of the participant contract
    - Review Drug Court Identification Card policy
    - Review Transportation policy
    - Review Calendar policy
    - Review Substance Abuse policy
    - Review Out of County/State request policy
  - ☐ Intake with Resource Manager
    - Conduct Intake Interview
    - Provide Self-Report Questionnaire for completion
    - Provide Goals Worksheet for completion
    - Provide Strengths Assessment for completion
  - ☐ Obtain a copy of his/her social security card
  - ☐ Obtain Maryland identification card, driver's permit or license.
  - ☐ Obtain a copy of his/her birth certificate
  - ☐ Scheduled and attended a minimum of 6 R.M. in office meetings and have provided all written verification to RM as required:
  - ☐ Develop individual goals to include long term and short term personal/spiritual, educational/skills and employment/occupational
    - ☐ Accomplished at least one goal specific to this phase.
  - ☐ Developed an Individualized Service Plan with Resource Manager to include:
    - Health: Completed Physical
    - Financial: Financial Assessment and verification of payments to both DPP and the Health Department
    - Housing: Obtain stable housing
    - Education: Provide proof of education level
    - Legal: Civil and or child custody referral identified
    - Employment:
      - Be employed for at least 4 weeks prior to phase promotion, working a minimum of 25 hours per week.
      - Community Service and/or employment in accordance with the DTC approved plan. Community service shall be completed while seeking employment
  - ☐ Other: \_\_\_\_\_
-

## *Phase II- Minimum of 4 Months*

- ◆ Maintain housing deemed suitable by DTC team that includes a landline telephone
- ◆ Continue regular employment working a minimum of 25 hours per week, and provide verification the Monday prior to your drug court review hearing or as requested to your D.P.P. agent.
- ◆ Continue compliance with judicial supervision; attend all hearings as scheduled, 1-2 times per month minimum.
- ◆ Completion of 20 hours of your required community service hours.
- ◆ Report for and submit to a minimum of 2, up to 6, random urinalysis per week. Same rules apply in all phases for testing sites.
- ◆ Complete and submit your phase promotion application to the Resource Manager 5 business days prior to projected phase promotion date. Appendix B
- ◆ Have 90 days **CONSECUTIVE** clean time immediately before moving into the next phase- as determined by UA results and self-reports

## MFE – Progression Requirements: DTC Program Phase Movement: Phase II → Phase III

Participant will complete the following during Phase II for MFE - ISP promotion consideration:

Review and update I.S.P. to include:

- ☐ Re-evaluation of goals specific to Phase II including personal/spiritual, educational/skills and employment/occupational
- ☐ Accomplished at least one goal specific to this phase \*List goal met here: \_\_\_\_\_
- ☐
- ☐ Actively engaged with referral agencies to obtain defined goals.  
Participant will:
  - ☐ 1. Contacting the referral agency
  - ☐ 2. Make an appointment with the referral agency
  - ☐ 3. Keeping the appointment
  - ☐ 4. Provide written verification that appointment was kept.
- ☐ Become engaged with referral agencies for financial counseling and provide written verification to RM on a monthly basis.
- ☐ Establishing a banking account when possible.
- ☐ Making monthly payments to DPP and treatment provider, and provide verification. (Receipt from treatment provider)
- ☐ Remain employed (min 25 hrs/week) for at least 8 consecutive weeks just prior to phase promotion. Consideration will be given to participants who have a documented disability preventing them employment. Supporting documentation from their treating physician will be provided to their Probation Agent.
- ☐ Attending or being scheduled to attend workshops or classes identified thru ISP. Written documentation of attendance participation is necessary.
- ☐ Initiating enrollment phase of any educational endeavors (G.E.D. prep course/program, higher education) as determined by the ISP.
- ☐ Completion and verification of 20 hours of positive community service provided to the Community Service Coordinator.
- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_

### *Phase III- Minimum of 5 months*

- ◆ Maintain suitable housing as determined by DTC team
- ◆ Continue regular employment at a minimum of **30 hours** per week, and provide verification of said hours to your D.P.P. Agent.
- ◆ Continue compliance with Judicial supervision; attend all hearing as scheduled, minimum of 1 time per month.
- ◆ Complete 30 hours of your required community service hours.
- ◆ Report for and submit to a minimum of 1, up to 6, random urinalysis per week. Same rules apply in all phases for testing sites and sample provisions.
- ◆ Complete and submit your phase promotion application to the Resource Manager 5 business days prior to projected phase promotion date. Appendix B
- ◆ Have 100 days of **CONSECUTIVE** clean time in this phase immediately before moving into the next phase - as determined by UA results and self-reports.

## *MFE - Progression Requirements: Phase III → Phase IV*

Review and update MFE ISP to include:

- ☐ Re-evaluation of goals specific to Phase III including personal/spiritual, educational/skills and employment/occupational
  - ☐ Accomplished a minimum of one goal specific to this phase.
  - ☐ Making monthly payments to DPP and treatment provider, and provide verification. (Receipt from treatment provider)
  - ☐ Working with RM, and DPP Agent to determine the payments necessary to reach an identified target date for successful program completion.
  - ☐ Engaging with referral agencies for financial counseling and provide written verification to RM on a monthly basis.
  - ☐ Remaining employed for a minimum of 8 consecutive weeks, just prior to phase IV promotion, and working the required hours of 30 per week. Consideration will be given to participants who have a documented disability preventing them employment. Supporting documentation from their treating physician will be provided to their Probation Agent.
  - ☐ Attend 100% of required MFE workshops classes as identified in ISP. Written verification of attendance required.
  - ☐ Becoming enrolled in a program related to individual educational goals. Examples include but are not limited to: G.E.D. prep course/program, higher education as identified by the ISP.
  - ☐ Completion and verification of 30 hours of positive community service provided to the Community Service Coordinator.
  - ☐ Other: \_\_\_\_\_
-

## *Phase IV- Minimum of 3 months, Graduation Requirements*

- ◆ Successfully complete your substance abuse treatment plan, including compliance with payments to the provider.
- ◆ Continue regular employment at a minimum of 35 hours per week.
- ◆ Continue compliance with Judicial supervision; attend all hearings as scheduled, minimum of 1 time per month and provide verification of pay stubs and self-help slips.
- ◆ Completion of 30 hours of your required community service hours.
- ◆ Provide signed verification slips from your community support meetings attendance to your treatment provider the Monday prior to each drug court review hearing to reflect attendance.
- ◆ Report for and submit to a minimum of 1, up to 6, random urinalysis per week. Same rules apply in all phases for testing sites and sample provisions.
- ◆ Complete and submit your phase completion application to the Resource Manager 30 business days prior to anticipated completion date. Refer to Appendix C.

IN ORDER TO SUCCESSFULLY COMPLETE PHASE IV YOU MUST HAVE 90 CONSECUTIVE DAYS OF CLEAN TIME\* - AND BE COMPLIANT WITH YOUR MFE INDIVIDUAL SERVICE PLAN AND PAYMENT PLAN WITH THE DIVISION OF PAROLE AND PROBATION.

\*See medication section in substance abuse testing for clarification as to clean time.



## ***MFE - Progression Requirements: Phase IV → Program Completion.***

Review and update MFE ISP to include:

- ❑ Accomplished at least goal specific to this phase
- ❑ Demonstrate compliance with payment plans with DPP and your Treatment provider.
- ❑ Remaining engaged with referral agencies per ISP for financial counseling and provides written verification to RM as required by case plan.
- ❑ Remain employed for a minimum of 20 consecutive weeks, working a minimum of 35 hours per week Consideration will be given to participants who have a documented disability preventing them employment. Supporting documentation from their treating physician will be provided to their Probation Agent.
  - Purpose: Employment and financial stability. 16 of the consecutive weeks of employment can be carried over from Phase III.
- ❑ Attended 100% of identified workshops or meetings with written verification of attendance.
- ❑ Remain enrolled in a program related to individual educational endeavors (G.E.D. prep course/program, higher education) as determined by the individualized service plan. Must be actively participating in an educational program, if unable to complete while in drug court.
- ❑ Completion and verification of 30 hours of positive community service provided to the Community Service Coordinator.
- ❑ Attend and participate in formal graduation preparation and ceremony on a date following completion of phase IV.
- ❑ Other: \_\_\_\_\_  
\_\_\_\_\_

The time frame in which you complete the phases depends on your commitment to meeting the goals of the drug court. Any clean time\* generated from incarceration or inpatient treatment does not count towards the amount of consecutive clean time required to move from phase to phase. You will stay in any given phase for as long as it takes you to meet all of the requirements. The minimum length for each phase is the amount of time it would take without any infractions or relapse episodes. Probation expiration, without other violations may result in administrative discharge from the program. **The DTC Judge in Charge will make final determination on your status for graduating the program.**

## ***DTC Program Graduation Criteria***

To successfully complete the DTC program you must meet all of the graduation requirements.

- ◆ Successful completion of all program phases of the DTC, to include successful completion of the “Made for Excellence” service plan, See Appendix C for details.
- ◆ Submit written speech to the resource manager two weeks prior to the formal graduation ceremony.
- ◆ Attend graduation practice the day prior to the formal graduation ceremony.

## ***DTC Program Termination Criteria***

If you continually violate the program rules or are non-compliant with the program requirements, you may be terminated from the program.

### ***Termination***

Some of the reasons a Participant may be terminated from the Drug Treatment Court Program include, but are not limited to:

- ◆ Threatening violence towards self or others
- ◆ Violent acts of any kind towards self, others, or property
- ◆ Illegal activity, including but not limited to: attempting to solicit fellow patients/clients for drug activity
- ◆ Soliciting drugs from other providers (MD’s etc.)
- ◆ Failure to attend treatment sessions, comply substantially with conditions of treatment, or be unsuccessful discharge from treatment.
- ◆ Continued non-compliance with supervision guidelines and MFE service plan.
- ◆ Arrest or convictions on a new charge, which the program determines, warrant termination.
- ◆ Failure to attend DTC hearings
- ◆ Possession of a dangerous and deadly weapon
- ◆ Violation of Medication Policy
- ◆ Absconding from DTC program.
- ◆ Violating any provision in the participant contract

Upon termination from the program, sentencing may be before the DTC Judge-in-Charge.

### ***Substance Testing: U/A Testing Procedure:***

Throughout the Drug Court program you will be required to submit to random substance abuse testing. Procedures that must be followed to adhere to the program are listed below. You must:

◆ Call in daily between the hours of 1:01 am to 12 pm to: (410-202-0741) to see if you will be required to test on the next day and you must offer a sample that same day. Your assigned testing site is the Wicomico County Detention Center. Dates and times are as follows:

Saturday and Sundays:	8:30 a.m. – 2:00 p.m.
Monday – Thursdays:	8:30 a.m. – 11:30 a.m. or 1:00 p.m. – 4:30 p.m.*
Fridays:	8:30 a.m. – 11:30 a.m. or 12:30 p.m. – 4:30 p.m.

\* If a participant appears for testing after testing hours close, a specimen WILL NOT be collected.

◆ Present your drug court identification card to the testing site prior to providing your sample.

◆ Understand if you are unable to provide an adequate urine sample within 10 minutes of submission time, the participant shall forfeit the urine opportunity and be deemed positive.

◆ If a urine test is screened positive and that result is disputed, a lab verified GCMS/LCMS test can be performed. If there is an insufficient amount to conduct this test, the original result will stand. If for any reason, this result is positive, you will incur the cost of the lab confirmation.

◆ Sanctions will be imposed for all positive tests as well as any no shows/no sample, refusals, lack of sufficient sample for testing, or altered/diluted/abnormal samples.

◆ Attempting to substitute, alter or try in any way to change your body fluids for the purpose of testing will be grounds for sanctions, which may include termination from the program.

During weather related or other emergency events participants in the Drug Court program will not report for drug testing if the reporting location is closed for the following reasons only:

1. Wicomico County Circuit Court is closed or
3. When the Wicomico County Detention Center is closed to the public per the Director of WCDC\* or,
4. Testing is cancelled at the direction of the Circuit Court for Wicomico County Administrative Judge.

◆ Participants should watch and/or listen to local television news programs or radio stations to access the information for reasons 1 - 3. The information for 1 – 3 can also be accessed on the internet. Local television station websites or other websites include but

are not limited to: [www.wboc.com](http://www.wboc.com), [www.wmdt.com](http://www.wmdt.com), [www.wicomicocounty.org](http://www.wicomicocounty.org), and [mdcourts.gov](http://mdcourts.gov).

**\*Testing will be considered cancelled for that day only and participants will be considered excused for reporting that day only.**

◆ Before receiving any medication from any medical provider, you must disclose to the medical provider that you are a person with a substance use disorder AND a participant in the DTC program. You will sign consents at the time of the visit, allowing the medical provider to provide verification of all prescribed medication to your substance abuse provider and to all substance abuse testing facilities designated by the DTC program.

◆ Within 24 hours of receipt of prescription medication, you shall provide documentation from the medical provider to: 1) Drug Court Resource Manager, 2) DPP agent and 3) Your substance abuse treatment provider.

◆ Each time a participant reports to a testing site, the participant shall 1) deliver a copy of the prescription to each testing site at the time the urine is submitted and 2) write in medications being taken while the prescription is valid.

◆ Medications - Generally, you will not be allowed to participate in the program if you are taking prescribed narcotic medication, with the exception that it is a part of a substance abuse treatment plan. If, after entering the program, you are prescribed a narcotic medication, with the exception that it is a part of a substance abuse treatment plan, you must provide documentation from the medical provider regarding the medical condition for which you are being treated to include: 1) the length of time the medications are prescribed and 2) any prognosis regarding the medical condition for which you are being treated. While you are taking prescribed narcotic medication, you may be stayed from progressing in the program until you are no longer taking the medication. You may be terminated from the program if the medication is prescribed for an extended period of time. Time in Drug Court on narcotic or prescription controlled substances, including medical marijuana, will not be included in the required clean time for graduation or promotion.

◆ Be aware that poppy seeds in any form are not to be ingested while they are in the drug court program. No exceptions.

◆ Understand the ingestion of items such as: Cough Syrup and other liquid medications, Non-Alcoholic Beer and Wine, Mouthwash and Breath Strips, hand sanitizers, hygiene products, solvents and lacquers must be restricted as they could test positive on a urine screen. Ingestion of any mind or mood altering products is prohibited. Ingestion for prescription medications, not prescribed to the participant, are prohibited and could test positive on a urine screen. See your treatment counselor for a comprehensive list.

◆ Refrain from drinking large amounts of liquids one hour prior to any urine testing. Large amount of liquids would constitute any amount over 8 ounces.

- ◆ Understand if questionable results for high liquid intake are indicated in the testing, sanctions will apply as directed by the court. This is considered a behavioral positive, no exceptions.
- ◆ Understand that prohibited substances include non-prescribed synthetic substances that are mind or mood altering and can include but are not limited to: synthetic marijuana, “K-series” drugs (K-2,K-4,etc), Spice or “bath salts”.

### ***Community Service Procedures:***

The Community Service Coordinator will provide approved work sites for all participants completing community service. This may include specific times and dates to complete the work. Participants who are court ordered to complete community service, or who are completing community service to make up for deficient work hours must adhere to the following procedures:

- ◆ If court ordered to complete community service hours for a sanction, the participant must report to the Community Service Coordinator either via telephone or in person by noon on Monday following the court order to receive approval for placement.
- ◆ Participants must receive prior approval for community service placement(s) from the Community Service Coordinator.
- ◆ Community service hours must be completed at the assigned worksite, unless pre-approved by the CS Coordinator for another worksite. On occasion the Community Service Coordinator may direct a participant to complete community service hours at an assigned worksite with specific dates and times.
- ◆ The Community Service Coordinator must approve any request for a change in the worksite *PRIOR* to the change.
- ◆ All participants must provide documentation verifying the community service hours to the Community Service Coordinator on the Monday prior to the participants’ next court date. Any verification submitted after 12:00 pm must be approved by the CS Coordinator. It is the responsibility of the participant to provide the verification to the CS Coordinator. ONLY hand deliveries from the participant of the written verification will be accepted.

### ***Treatment:***

Each participant in the drug treatment court program has an individualized treatment plan with his or her treatment provider. Participants must follow their plan as required by their treatment provider for the duration of the program. All necessary documentation, including community support verification, must be provided directly to your treatment provider the Monday prior to your next drug court hearing or as requested by your treatment provider.

◆ Transferring treatment providers is NOT permitted while in the program without prior, express written approval from the Drug Court Team and Presiding Judge. If prior, express written approval has been provided, it is the participant's responsibility to ensure there is absolutely NO LAPSE IN TREATMENT when transferring from participant's current treatment provider to a new treatment provider.

### *What happens if I Relapse?*

It is understood that relapse may be part of the recovery process. The treatment provider will assist in helping the individual process and develop their own response to the relapse. The court will make the determination on how many relapse episodes they will tolerate. The treatment provider will advise the team on how treatment has responded to the relapse prior to the drug court team imposing any sanctions. Based on DTC recommendations, the Judge will make the final decision. The Drug Court Team may use quantitative urinalysis to determine if you are working back to sobriety from a relapse episode.

Your treatment provider will have their own response to relapse episodes that are not sanctions, but responses to your clinical needs.

#### **Treatment responses may include, but are not limited to:**

- ◆ Increased or Decreased Substance Abuse Testing:
  - Urine Testing
  - Secure Continuous Remote Alcohol Monitoring (SCRAM)
  - Preliminary Breath Test (PBT)
- ◆ Detoxification
- ◆ Inpatient treatment or Residential treatment
- ◆ Higher level of care/treatment/ demotion to earlier treatment phase, increased intensity of treatment
- ◆ Essays and/or poems.
- ◆ Individual counseling
- ◆ Increased intensity of treatment
- ◆ Referral to Mental Health Counseling or services
- ◆ Transitional Housing
- ◆ Reading Assignment
- ◆ Art therapy
- ◆ Journaling
- ◆ Program behavioral contract
- ◆ Program participation extension
- ◆ Treatment phase completion



## *Courtroom Behavior and Dress Code*

Although the DTC isn't a traditional court process, it is still a court proceeding and you must behave and dress appropriately. Below is a list of things to remember:

- ◆ When speaking with the Judge you should address them as "Your Honor"
- ◆ You must attend all court hearings on time and be immediately seated in the center of the courtroom
- ◆ You may not talk in the courtroom during DTC proceedings. If you must bring your children, please keep them quiet or step outside of the courtroom until you are needed.
- ◆ You cannot bring food or drink into the courtroom
- ◆ You may not acquire any tattoos in while participating in Drug Court.
- ◆ You must remain in the courtroom until the Judge dismisses you.
- ◆ Cell phones must be rendered inoperable while in the courthouse.
- ◆ Bring your calendar/planner to court to write down important dates including your next hearing date.
- ◆ You must wear appropriate clothing at all times. Appropriate clothing includes:
  - Business casual clothing, such as button-down shirts, collared shirts, slacks or khaki pants, shirts tucked in. Please see the Resource Manager for additional suggestions or referrals to resources in the community to assist you with appropriate attire for Court.
- ◆ Prohibited clothing includes but is not limited:
  - Tank tops, Muscle shirts
  - Flip Flops
  - Shirts with obscenities or profanities
  - Clothing promoting alcohol or drug use
  - Sagging pants/shorts/skirts
  - Unbuttoned clothing
  - Pajamas/sweatpants/yoga pants
  - Hats, caps, bandanas, gang attire
  - Skirts or shorts of an unreasonable length
  - Clothing that exposes your midriff or undergarments, or anything that has rips, holes or tears.

## *Conclusion*

The ultimate goal of the DTC program is to help you achieve a life free of drugs, alcohol and crime. Good luck and best wishes.

## Wicomico County Circuit Court Adult Drug Court Team

		Phone
Hon. Kathleen L. Beckstead	Judge	
Appointed Representative	Jonathan Yunes. Esquire	410-713-3400
State's Attorney's Office	William Jackson, Esquire	410-548-4880
Lindsay Tayman, MSW	Coordinator	410-334-3193 ext 1
	<a href="mailto:Lindsay.tayman@mdcourts.gov">Lindsay.tayman@mdcourts.gov</a>	410-334-3194 Fax
Jarah Hall	Resource Manager	410-334-3193 ext 2
	<a href="mailto:jarah.hall2mdcourts.gov">jarah.hall2mdcourts.gov</a>	410-334-3194 Fax
Treatment		
Wicomico County Health Dept.	Addictions Counselor	
Frank Porcelli, CAC-AD	<a href="mailto:Frank.porcelli@maryland.gov">Frank.porcelli@maryland.gov</a>	410-860-4565
Cove Recovery	Daphne Johnson, CAC-AD	410-548-3333
Peninsula Addiction Services	Steven Daggs, LGPC	410-860-2673
Corrections		
Community Service Coordinator	Carol Miles	410-548-4818 x347
Community Supervision		
Parole and Probation	Stephanie LaMonaca, Agent II	410-713-3713
	<a href="mailto:stephanie.lamonaca@maryland.gov">stephanie.lamonaca@maryland.gov</a>	410-713-3730 Fax
Law Enforcement		
PFC John Dimare	Salisbury City Police Department	410-548-3165
Deputy Mike Farmer	Wicomico County Sheriff's Office	410-548-4813



# Wicomico County Circuit Court – Adult Drug Court Program

## Application for Phase Advancement: Phase II

Participant: This form must be completed and submitted to the Resource Manager 5 business\* days prior to the projected promotion date. Remember to initial each item and attach supporting documentation as necessary.

I, \_\_\_\_\_, have completed the following components of Phase I:

\_\_\_\_\_ At least three months in Phase I (does not include jail time)  
My start date for Phase I was \_\_\_\_\_.

\_\_\_\_\_ I have 30 consecutive days of total abstinence from the use of drugs and alcohol prior to possible Phase promotion. I have been clean and sober since \_\_\_\_\_.

\_\_\_\_\_ I am current with my treatment plan.

\_\_\_\_\_ I am employed at \_\_\_\_\_ since \_\_\_\_\_.  
(If unemployed, please attach explanation)

\_\_\_\_\_ I have acknowledged my Drug Court financial plan for non-court related expenses and obligations, and I am compliant with the plan and have the ability to remain compliant.

\_\_\_\_\_ I have a plan established for my positive community service hours to be completed for Phase II requirements.

\_\_\_\_\_ I have attached any letters of support for advancement that I may have.

\_\_\_\_\_ I am in compliance with the conditions of my probation.

\_\_\_\_\_ I am in compliance with my *Made for Excellence* accomplishments in Phase I and my goals for Phase II.

Based on the above, I respectfully request that the Drug Court Team approve my application for advancement to Phase II of the Drug Court program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Application Submitted:

Date of Team Review:

Accepted or Declined

\* A business day is defined as Monday through Friday, 8:00 am – 5:00 pm, except holidays.

Wicomico County Circuit Court –  
Adult Drug Court Program  
Application for Phase Advancement to Phase III

Participant: This form must be completed and submitted to the Resource Manager 5 business days prior to the projected promotion date. Remember to initial each item and attach supporting documentation as necessary.

I, \_\_\_\_\_, have completed the following components of Phase II:

\_\_\_\_\_ At least four months in Phase II. My start date for Phase II was \_\_\_\_\_.

\_\_\_\_\_ I have 90 consecutive days of total abstinence from the use of drugs and alcohol prior to possible Phase promotion. I have been clean and sober since \_\_\_\_\_.

\_\_\_\_\_ I am current with my treatment plan.

\_\_\_\_\_ I am employed at \_\_\_\_\_ since \_\_\_\_\_.  
(If unemployed, please attach explanation)

\_\_\_\_\_ I have acknowledged my Drug Court financial plan for non-court related expenses and obligations, and I am compliant with the plan and have the ability to remain compliant.

\_\_\_\_\_ I have completed my 20 Positive Community Service hours required by the Drug Court and followed all other recommendations.

\_\_\_\_\_ I have a plan established for my positive community service hours to be completed for Phase III requirements.

\_\_\_\_\_ I have attached any letters of support for advancement that I may have.

\_\_\_\_\_ I am in compliance with the conditions of my probation.

\_\_\_\_\_ I am in compliance with my *Made for Excellence* accomplishments in Phase II and my goals for Phase III.

Based on the above, I respectfully request that the Drug Court Team approve my application for advancement to Phase III of the Drug Court program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Application Submitted:

Date of Team Review:

Accepted or Declined

\* A business day is defined as Monday through Friday, 8:00 am – 5:00 pm, except holidays.

## Wicomico County Circuit Court – Adult Drug Court Program

### Application for Phase Advancement to Phase IV

Participant: This form must be completed and submitted to the Resource Manager 5 business days prior to the projected promotion date. Remember to initial each item and attach supporting documentation as necessary.

I, \_\_\_\_\_, have completed the following components of Phase III:

\_\_\_\_\_ At least five months in Phase III. My start date for Phase III was \_\_\_\_\_.

\_\_\_\_\_ I have 100 consecutive days of total abstinence from the use of drugs and alcohol prior to possible Phase promotion. I have been clean and sober since \_\_\_\_\_.

\_\_\_\_\_ I am current with my treatment plan.

\_\_\_\_\_ I am employed at \_\_\_\_\_ since \_\_\_\_\_.  
(If unemployed, please attach explanation)

\_\_\_\_\_ I have a payment plan or other financial plan to get current on other fines and debts. I am currently in compliance with this plan and have demonstrated that I am able to manage my finances.

\_\_\_\_\_ I have completed my 30 Positive Community Service hours required by the Drug Court and followed all other recommendations.

\_\_\_\_\_ I have a plan established for my positive community service hours to be completed for Phase IV requirements.

\_\_\_\_\_ I have attached any letters of support for advancement that I may have.

\_\_\_\_\_ I am in compliance with the conditions of my probation.

\_\_\_\_\_ I am in compliance with my *Made for Excellence* accomplishments in Phase III and my goals for Phase IV.

Based on the above, I respectfully request that the Drug Court Team approve my application for advancement to Phase IV of the Drug Court program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Application Submitted:

Date of Team Review:

Accepted or Declined

\* A business day is defined as Monday through Friday, 8:00 am – 5:00 pm, except holidays.

# Wicomico County Circuit Court – Adult Drug Court Program

## Application for Phase IV -Program Completion and Graduation

Participant: This form must be completed and submitted to the Resource Manager 30 business days prior to the projected completion date. Remember to initial each item and attach supporting documentation as necessary.

I, \_\_\_\_\_, have completed the following components of Phase IV:

\_\_\_\_\_ At least three months in Phase IV at the time of my projected Graduation date.  
My start date for Phase IV was \_\_\_\_\_

\_\_\_\_\_ I will have at least 90 consecutive days of total abstinence from the use of drugs and alcohol prior to possible Graduation. I have been clean and sober since \_\_\_\_\_.

\_\_\_\_\_ Developed a current treatment aftercare program.

\_\_\_\_\_ I am employed at \_\_\_\_\_ since \_\_\_\_\_.  
(If unemployed, please attach explanation)

\_\_\_\_\_ I have paid in full or contributed a satisfactory amount to my financial obligations incurred while in Drug Court to the following:  
\_\_\_\_\_ Parole and Probation \_\_\_\_\_ Treatment Provider \_\_\_\_\_ Other.

\_\_\_\_\_ I have completed any payment plans and am in compliance with my financial plan. I have demonstrated that I am able to manage my finances.

\_\_\_\_\_ I have completed my 30 Positive Community Service hours required by the Drug Court and followed all other recommendations.

\_\_\_\_\_ I am in compliance with the conditions of my probation.

\_\_\_\_\_ I have attached any letters of support for advancement as well as a written request for graduation that supports my application and all of my *Made for Excellence* goals completed while in Drug Court.

I understand that failure to comply with the above requirements may result in continuation of my probation upon graduation. Based on the above, I respectfully request that the Drug Court team approve my application for Program Completion and Graduation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Application Submitted:

Date of Team Review: \_\_\_\_\_ Accepted or Declined

\* A business day is defined as Monday through Friday, 8:00 am – 5:00 pm, except holidays.

**Wicomico County Circuit Court  
Drug Treatment Court (DTC) Program  
PARTICIPANT CONTRACT**

Name: \_\_\_\_\_  
Case No.: \_\_\_\_\_

**I UNDERSTAND:**

Before I can be accepted into the Drug Treatment Court Program, I must give up certain statutory and/or constitutional rights. I hereby voluntarily agree and consent to give up the following statutory and /or constitutional rights upon my acceptance into the Drug Treatment Court Program as outlined below:

1) **ELIGIBILITY IN DTC PROGRAM:** I understand that the validity of this contract is conditioned upon my eligibility for the DTC program. If at any time after my admission into Drug Court, it is discovered that I am, in fact, ineligible to participate in the program, I may be terminated from the Drug Court program. I will not be allowed to withdraw my previously entered guilty plea, due to my ineligibility.

\_\_\_\_\_

2) **PROGRAM LENGTH:** Participation in the DTC Program is expected to last at least a minimum of fifteen months and could last twenty-four months or longer. \_\_\_\_\_

3) **GENERAL REQUIREMENTS:** During the entire course of the DTC Program, I will be required to attend court sessions, treatment sessions, submit to random substance abuse testing, maintain a landline telephone in my residence, remain clean, sober and law abiding and comply with all supervision requirements. I agree to abide by the rules and regulations within the policy and procedure manual and the participant handbook as well as any imposed requirements by the DTC Team or Judge. \_\_\_\_\_

4) **SANCTIONS:** Sanctions may include, but are not limited to: warnings and admonishments from the bench, extension of program phases, increased frequency of court appearances, confinement in the courtroom jury box, increased frequency of substance abuse testing, curfew restrictions, community service, electronic monitoring, increased community supervision, escalating periods of jail confinement and ultimately termination from the DTC Program. Prior to incarceration or termination the participant will be given notice, and an opportunity to be heard, and the right to counsel. \_\_\_\_\_

5) **RIGHT TO COUNSEL:** For the purposes of regular DTC review hearings, the Office of the Public Defender representative assigned to the DTC may represent me in lieu of the attorney who represented me at sentencing. However, I may have private counsel appear to represent me at any Drug Court program hearing if I am financially able. \_\_\_\_\_

6) **URINE TESTING:** I will be tested for the presence of drugs and alcohol in my system on a random basis according to procedures established by the DTC team and/or treatment provider, case manager, or DPP agent. I understand that I will be given a location and time to report for my drug tests. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, or miss a test, or provide an insufficient sample for testing, it will be considered positive and I may be sanctioned. \_\_\_\_\_

7) **POSITIVE DRUG SCREEN:** I understand that a positive drug screen (urine or sweat patch) result will not be subject to the demand for, or testimony of, a chemist as set forth in the Maryland Annotated Code, Courts and Judicial Proceedings Article, §10-914 (e) and (f) in order for me to be sanctioned. Any challenge to a positive drug screen result shall be limited to a retest by a chemist meeting the requirements of Courts and Judicial Proceedings Article, §10-914 at my expense. I understand I may be responsible for reimbursing the cost of the confirmatory test if the result is a confirmed positive.

\_\_\_\_\_

8) ALTERING URINE OUTCOMES: I understand that substituting, altering or trying in any way to change my bodily fluids for purposes of testing may be grounds for immediate termination from the DTC program. \_\_\_\_\_

9) POSSESSION: I will not possess drugs or alcohol, or drug or alcohol paraphernalia. I will not associate with people who use or possess drugs or alcohol, nor will I be present while others use drugs or alcohol. \_\_\_\_\_

10) TESTING: I agree to be drug/alcohol tested at any time by a police officer, probation officer, treatment provider, or at the request of the court by any agency designated by the court. \_\_\_\_\_

11) CONFIDENTIAL INFORMANT: I understand that I may not work as a confidential informant with any law enforcement agency while I am a DTC participant, nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in the DTC program. \_\_\_\_\_

12) NO GANG AFFILIATION: I may not participate in the DTC program if I associate with or I am an affiliated gang member. \_\_\_\_\_

13) TREATMENT BY A PHYSICIAN: If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose to my treatment provider I am a recovering addict. I will sign consents for my treating physician(s) to release verification of all prescribed medications to my substance abuse treatment provider(s) and immediately provide copies of any prescriptions to all substance abuse testing facility(ies) designated by the DTC program. \_\_\_\_\_

14) TREATMENT COMPLIANCE: I agree that I will not leave any treatment program without prior approval of my treatment provider and the DTC team. \_\_\_\_\_

15) INDIVIDUALIZED TREATMENT PLANS: I understand that my individual course of treatment may include inpatient treatment, mental health treatment, education, and/or self-improvement courses such as anger management, parenting, or relationship counseling. \_\_\_\_\_

16) REQUIRED PHYSICAL EXAMINATION: I understand that I must obtain a physical examination and health assessment, including completion of diagnostic testing, treatment, education and continue with all follow up treatment ordered by my clinician, with special attention to mental illness and communicable diseases. I will make available to the DTC team any medical results by signing a consent form to release information by all treating providers. \_\_\_\_\_

17) EMPLOYMENT, TRAINING OR EDUCATION: I understand that within the time frame directed by the DTC team, I will seek employment, job training and/or further education as approved by the DTC team, and that failure to do so may result in sanctions or termination. \_\_\_\_\_

18) DUTY TO NOTIFY: I agree to keep the DTC team advised of my current address and phone number at all times and whenever changed. I understand that within the time frame directed by the DTC team I will find and maintain appropriate housing, and I will not leave Wicomico County without prior approval from the DTC team. \_\_\_\_\_

19) ABSCONDING: I understand that I am required to contact my probation agent within 24 hours or next business day of my successful or unsuccessful discharge from an inpatient treatment program. Failure to contact my agent may result in sanction or termination and could be considered absconding from supervision. \_\_\_\_\_

20) WAIVER OF PRIVACY: I agree to execute the Consent for Disclosure of Confidential Substance Abuse Information. I understand that any information obtained from this release will be kept separate from the Court file. \_\_\_\_\_

21) ABATEMENT STATUS: I am waiving my right to have my probation transferred to abatement status and agreeing to have my probation remain in active status while I am a participant in the Wicomico County Adult Drug Treatment Court Program as outlined in the Participant Handbook.

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22) CONSENT TO SEARCH: As a continuing condition of my participation in Drug Court, I agree to the search of my person, property, place of residence, vehicle or personal effects for the purpose of verifying my compliance with the terms and conditions of my probation and Drug Court, without cause and without warrant, when such consent is requested by my probation officer or other law enforcement officers. Withdrawal of consent may subject me to sanction as set forth in paragraph 4 herein.

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23) CRIMINAL PROCEEDINGS: I understand that my failure to successfully complete and graduate from the DTC program will result in re-instatement of criminal proceedings against me. I understand that my failure to complete Drug Court cannot be basis for withdrawing my previously entered guilty plea. \_\_\_\_\_

24) TERMINATION: Upon DTC termination, I may waive my right to have the original sentencing judge preside over my violation of probation hearing. \_\_\_\_\_

25) "MADE FOR EXCELLENCE": I understand that I must be compliant with all requirements of the "Made for Excellence" life skills and community service component of the DTC program. Any continual non-compliance may result in my termination from the DTC program. \_\_\_\_\_

26) DISCLOSURE: For the purposes of regular DTC review hearings and staffing, I permit the disclosure of my urine drug screen results and treatment compliance reports. \_\_\_\_\_

27) COMMUNICATION WITH THE COURT: I agree that the presiding Drug Court Judge may initiate, permit and consider ex parte communications with other members of the Drug Court Team concerning my program performance. \_\_\_\_\_

I have read, or been read to me the above listed conditions, the Wicomico County Circuit Court Adult Drug Treatment Court participant handbook. I understand all requirements laid out for my participation in the DTC Program and this contract.

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Signature of Defendant

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Date

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Printed Name of Defendant

---

Defense Attorney Signature

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Date

---

Printed Name of Defense Attorney

IN THE CIRCUIT COURT FOR WICOMICO COUNTY, MARYLAND  
ADULT DRUG TREATMENT COURT (DTC) PROGRAM

STATE V. \_\_\_\_\_

CASE NO: \_\_\_\_\_

Consent for Disclosure of Confidential Substance Abuse & Drug Court Information

I, \_\_\_\_\_, authorize the exchange of information pertaining to my eligibility and or participation in the Wicomico County Adult Drug Treatment Court Program with staff members at the following organizations/agencies:

Wicomico County Adult Drug Court Judge and associated judicial staff  
Office of the State's Attorney for Wicomico County  
Defense Attorney or Public Defender associated directly with the DTC case  
Maryland State Division of Parole and Probation  
Wicomico County Sheriff's Department Deputy assigned to DTC  
Salisbury City Police Department's Officer assigned to DTC  
Fruitland Police Department's Officer assigned to DTC  
Delmar Police Department's Officer assigned to DTC  
Wicomico County Department of Corrections  
Wicomico County Health Department  
Hudson Health Services, Incorporated and the Clean Start House.  
Treatment Provider: \_\_\_\_\_  
Other: \_\_\_\_\_

It has been explained to me that the purpose of and the need for this exchange of information is to determine my eligibility and/or acceptability for the DTC program and, upon entering the program, to monitor my progress in treatment and supervision. The information to be disclosed is my assessment, diagnosis, medications, recommendations, attendance record, behavior and attitude, drug test and BAC results and compliance. Additional information may be disclosed at it directly relates to the DTC case.

I understand that my information will be used in aggregate form by the DTC program, the Office of Problem Solving Courts and the State of Maryland.

I understand that drug treatment courts can and will host other DTC teams and guests. I understand that I will be advised of DTC teams and guests present for any DTC activities where I am present or my information is disclosed. DTC teams and guests will be required to sign confidentiality forms acknowledging federal re-disclosure laws.

I understand that this consent will terminate 60 days following my successful completion or discharge from the DTC program. Prior to completion or discharge I cannot revoke this consent without participating in a hearing before the DTC judge. If revocation of this consent is granted, discharge from DTC is immediate.

I understand that Part 2 of Title 42 of the Code of Federal Regulations binds any discovery or admission made, and that anyone receiving this information may re-disclose it only in connection with his or her official duties.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Witness Signature

\_\_\_\_\_  
Date



**Wicomico County Circuit Court  
Adult Drug Treatment Court**

**Curfew Extension/Out of County Requests:  
Must submit 48 hours in advance**

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Date/Time/Location of Request:**

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**Reason:**

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I am currently compliant/up to date with:

Made for Excellence Plan: \_\_\_\_\_

Treatment: \_\_\_\_\_

Work/Community Service Hours: \_\_\_\_\_

Payments: \_\_\_\_\_

**Approved/Denied**

## Circuit Court for Wicomico County Adult Drug Treatment Court Participant Under Physicians Care

To: \_\_\_\_\_

From: \_\_\_\_\_ Date: \_\_\_\_\_

RE: Drug Court Participant - \_\_\_\_\_ DOB: \_\_\_\_\_

**The above named individual is a participant in the Adult Drug Treatment Court Program in the Circuit Court for Wicomico County. Participants in the program are required to be engaged in work, community service or other meaningful daytime activity (i.e. GED classes, college classes, other training programs approved by the Program). The above named individual currently completes the following performs the following duties and/or assignments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Drug Court Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To determine the participant's ability to meet program requirements while under your care, please provide the following information:**

Physician/ Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

Did the individual advise they are a recovering addict and currently participating in the Adult Drug Court Program when seeking treatment: YES NO

Diagnosis: \_\_\_\_\_

List any limitations for this individual and expected duration (i.e. meeting duties/assignments noted above, lifting, standing, sitting, walking, driving, or operating machinery etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician/Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medications prescribed/dispensed:

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Prognosis and expected return to work date:

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Additional Comments: 

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**Participant Signature:** 

---

 **Date:** 

---

**Physician/Practitioner Signature:** 

---

 **Date:** 

---

**Print Name Physician/Practitioner:** 

---

 **Phone Number:** 

---

**Thank You for providing this information.**

